

**School Health Unit  
Massachusetts Department of Public Health**

**Report of EpiPen® Administration**

*Please mail form to: MDPH, School Health Unit, 250 Washington St., 5<sup>th</sup> Floor, Boston, MA 02108-4619*

School District: \_\_\_\_\_ Name of School: \_\_\_\_\_ Public ☐ Nonpublic ☐

Student DOB: \_\_\_\_\_ Gender: M ☐ F ☐ Ethnicity: Spanish/Hispanic/Latino: Yes ☐ No ☐

Race: American Indian/Alaskan Native ☐ African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ White ☐

Diagnosis/history of asthma: Yes ☐ No ☐ History of anaphylaxis: Yes ☐ No ☐ Previous EpiPen® use: Yes ☐ No ☐

Date/Time of occurrence: \_\_\_\_\_ Known allergen(s): \_\_\_\_\_

Trigger that precipitated this allergic episode: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Location of student when symptoms developed: \_\_\_\_\_

Location of student when EpiPen® administered: \_\_\_\_\_

Location of EpiPen® storage: \_\_\_\_\_

EpiPen® administered by: RN ☐ Other ☐ If other, please specify \_\_\_\_\_

If other than an RN, was this person formally trained? Yes ☐ No ☐ Date of training \_\_\_\_\_

If EpiPen® was self-administered by a student at school or a school-sponsored function, did the student follow school protocols to notify school personnel and activate EMS? Yes ☐ No ☐ NA ☐

Approximate time between onset of symptoms and administration of Epi Pen®: \_\_\_\_\_

Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ School Physician notified? Yes ☐ No ☐

Written school district policy on management of life-threatening allergies in place? Yes ☐ No ☐

School district/school registered with MDPH for medication delegation?: Yes ☐ No ☐

If yes, please specify type: Full Registration ☐ Field Trip ☐ EpiPen Training ☐

**Disposition:**

Transferred to ER: Yes ☐ No ☐ Discharged after \_\_\_\_\_ hours. Biphasic reaction: Yes ☐ No ☐ Unknown ☐

Hospitalized: Yes ☐ No ☐ Discharged after \_\_\_\_\_ days.

**Outcome:**

**Recommendations for changes/improvements to current policy or procedures:**

Debriefing meeting? Yes ☐ No ☐

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_